EUROPE JOB CREATION ALMOST ZERO

(Mr. COOKSEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COOKSEY. Madam Speaker, the unemployment rate in most European countries is nearly three times the unemployment rate of the United States. While the U.S. economy is a job creating machine, in Europe job creation is almost zero. Older workers who lose their jobs cannot find new ones, and younger people looking for that first job often do so for years and often have to wait years before they could move out of the house.

Meanwhile, in the U.S., there is actually a job shortage in many areas of the country. I would be positively fascinated to know how my liberal colleagues might explain this situation.

I wonder if it would ever occur to them that low-tax countries such as the U.S., Hong Kong, Singapore have low unemployment rates, while high-tax countries such as France, Sweden, Germany, Italy, Spain and so many others are wallowing in economies with no economic growth.

The truth is European governments which are successful in implementing the policies of the Democratic party are successful in achieving dreadfully performing economies. It does make one wonder.

REPUBLICAN HEALTH CARE REFORM IS A RUSE

(Mr. PASCRELL asked and was given permission to address the House for 1 minute.)

Mr. PASCRELL. Madam Speaker, I want to commend the gentleman from Michigan (Mr. DINGELL) and the gentleman from Georgia (Mr. NORWOOD), great Americans, for providing a great service to all of us on a managed care bill which I think will work. But there are Members of this House that are working against this consensus by introducing substitutes that in no way equal the comprehensive approach.

We have heard a great deal of hysteria in the past few weeks about how Norwood/Dingell will expose our small business owners and employers of all shapes and sizes to massive new litigation threats.

If my colleagues read the bill, and I would suggest that they read the bill, on page 99 it says very specifically in Section 302 that the bill "does not authorize any cause of action against an employer, or other plan sponsor maintaining the group health plan, or against an employee of such an employer."

It is a ruse. They have provided a ruse. Why do they not tell the American people the truth instead of standing out there with the money changers as they were yesterday as we walked here to do business?

AMERICANS HAVE A CHANCE TO HAVE A ACCOUNTABILITY AGAIN IN HEALTH ORGANIZATIONS

(Mr. KUYKENDALL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KUYKENDALL. Madam Speaker, today the American people are going to get a chance to have accountability put back in their health care organizations. There are a number of options before us, and at least three of those options are going to give the American public the ability to sue their health plan. They have not had that right in the past. That is an accountability they will have again over the medical profession for medical decisions.

What comes with that is a need to figure out how to protect this employer group that so many of us are dependent upon for our livelihood and health care insurance coverage. I think there are several options today that do a good job at that as well.

Those employers are not meant to be in the medical business, they are meant to be employers, manufacturers, and service providers. In this legislation today, I think we have a couple of options and the public will be well-served when they see the outcome. They will have accountability from their medical providers and their employers will remain sound and still be the conduit through which most people will get their medical coverage.

I would encourage the public to watch today. This debate will be both lengthy and strident. But at the end of the day, they will be better served.

SAFEWAY SHOULD RECOGNIZE ITS CORPORATE RESPONSIBILITY

(Mr. LANTOS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LANTOS. Madam Speaker, I rise on behalf of the large group of senior, frail, and low-income citizens in my congressional district in the city of Pacifica. They have been shopping at Safeway for decades, but Safeway—in a display of corporate arrogance and irresponsibility—suddenly closed that store.

These folks have no automobiles. They are too frail and too old to walk two miles to another store. Safeway should have found a way to keep open this facility. But in an irresponsible act of corporate recklessness, it closed the store, and the seniors are left high and dry, trying to fend for themselves.

I call on Safeway—a multi-billion-dollar corporation—to change its course and recognize its corporate responsibility. It has the duty to serve the people who have kept it profitable for decades. It can't just walk out on them.

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, the pending business is the question of the Speaker's approval of the Journal.

The question is on the Speaker's approval of the Journal of the last day's proceedings.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. DEGETTE. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 341, nays 73, not voting 19, as follows:

[Roll No. 486] YEAS—341

Ackerman Convers Granger Green (TX) Archer Cooksey Green (WI) Greenwood Armey Cox Coyne Hall (OH) Bachus Baird Cramer Hall (TX) Cubin Hansen Baker Baldwin Cummings Hastings (WA) Ballenger Cunningham Haves Barcia Hayworth Danner Barrett (NE) Davis (FL) Herger Hill (IN) Barrett (WI) Davis (VA) Hill (MT) Deal Hinchey Barton DeGette Bass Delahunt Hinoiosa. Bateman DeLauro Hobson Becerra DeLay Hoeffel DeMint Bentsen Hoekstra Holden Deutsch Berkley Diaz-Balart Holt Dicks Berman Horn Dingell Hostettler Berry Biggert Dixon Houghton Bilirakis Doggett Hoyer Bishop Hunter Blagojevich Doolittle Hvde Bliley Inslee Doyle Blumenauer Dreier Isakson Blunt. Duncan Istook Boehlert Jackson (IL) Dunn Edwards Jenkins Boehner Bonilla. Ehlers John Emerson Johnson (CT) Bonior Bono Engel Johnson, Sam Boswell Eshoo Jones (NC) Boucher Everett Kanjorski Ewing Kasich Boyd Brady (TX) Farr Kellv Fattah Kennedy Brown (FL) Brown (OH) Fletcher Kildee Kilpatrick Brvant Folev Burr Forbes Kind (WI) Burton Fossella. King (NY) Fowler Buver Kingston Frank (MA) Callahan Kleczka Calvert Franks (NJ) Klink Frelinghuysen Knollenberg Camp Campbell Gallegly Kolbe Kuvkendall Canady Ganske Gejdenson LaHood Cannon Capps Gekas Lampson Gephardt Cardin Lantos Carson Gilchrest Larson Castle Gillmor Latham LaTourette Chabot Gilman Chambliss Gonzalez Lazio Clayton Goode Goodlatte Leach Coble Levin Lewis (CA) Coburn Goodling Collins Gordon Lewis (KY) Combest Goss Lofgren Graham Lucas (KY)

Lucas (OK) Peterson (PA) Sisisky Maloney (CT) Petri Skeen Malonev (NY) Phelps Skelton Manzullo Pickering Smith (MI) Markey Pitts Smith (NJ) Pombo Martinez Smith (TX) Mascara Pomeroy Smith (WA) Porter Portman Matsui Snyder McCarthy (MO) Souder McCarthy (NY) Price (NC) Spence McCrerv Pryce (OH) Spratt McHugh Stabenow Quinn Radanovich McInnis Stearns McIntosh Rahall Stump McIntvre Rangel Sununu McKeon Regula Sweeney McKinney Reyes Talent Reynolds Tancredo Meehan Meeks (NY) Rivers Tauscher Menendez Rodriguez Tauzin Metcalf Roemer Taylor (NC) Mica Rogan Terry Millender-Rogers Thomas Rohrabacher McDonald Thornberry Miller (FL) Ros-Lehtinen Thune Miller, Gary Rothman Tiahrt Minge Roukema Tierney Mink Roybal-Allard Toomey Mollohan Royce Towns Moore Rush Traficant Moran (VA) Ryan (WI) Turner Ryun (KS) Morella Upton Murtha Salmon Vitter Myrick Sánchez Walden Walsh Nadler Sanders Napolitano Sandlin Watkins Nethercutt Sanford Watt (NC) Watts (OK) Saxton Ney Northup Schakowsky Waxman Norwood Scott Weiner Nussle Sensenbrenner Weldon (FL) Obey Serrano Wexler Olver Sessions Weygand Ortiz Shadegg Whitfield Ose Shaw Wicker Oxlev Shavs Wilson Packard Sherman Wise Pascrell Sherwood Wolf Pastor Shimkus Woolsey Shows Paul Wu Payne Shuster Wvnn Young (FL)

NAYS-73

Simpson

Pease

Aderholt Hilleary Peterson (MN) Allen Hilliard Pickett Baldacci Hooley Ramstad Bilbray Hulshof Rilev Hutchinson Borski Sabo Brady (PA) Jackson-Lee Schaffer Capuano (TX) Slaughter Chenoweth-Hage Johnson, E. B. Stark Clay Jones (OH) Stenholm Clyburn Kucinich Strickland Costello LaFalce Stupak Crane Lee Tanner Lewis (GA) Crowley Taylor (MS) DeFazio Lipinski Thompson (CA) Dickey LoBiondo Thompson (MS) English Lowey Thurman Etheridge Luther Udall (CO) Evans McDermott Udall (NM) Filner McNulty Meek (FL) Velázquez Frost Vento Gibbons Miller, George Moran (KS) Visclosky Gutierrez Wamp Gutknecht Neal Hastings (FL) Oberstar Waters Hefley Pallone Weller

NOT VOTING-19

Abercrombie Kaptur Pelosi Barr Largent Sawver Clement Linder Scarborough Davis (IL) McCollum Weldon (PA) Ehrlich McGovern Young (AK) Moakley Jefferson Owens

□ 1106

Ms. JACKSON-LEE of Texas and Mr. DICKEY changed their vote from "yea" to "nay."

So the Journal was approved.

The result of the vote was announced Sec. 132. Prohibition as above recorded.

BIPARTISAN CONSENSUS MAN-AGED CARE IMPROVEMENT ACT OF 1999

The SPEAKER pro tempore (Mrs. BIGGERT). Pursuant to House Resolution 323 and rule XXVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the further consideration of the bill, H.R. 2723.

\Box 1107

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the further consideration of the bill (H.R. 2723) to amend Title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage, with Mr. HASTINGS of Washington in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. When the Committee of the Whole rose on Wednesday, October 6, 1999, all time for general debate had expired.

Pursuant to the rule, the amendments printed in part A of House Report 106-366 are adopted and the bill, as amended, is considered read for amendment under the 5-minute rule.

The text of H.R. 2723, as amended, is as follows:

H.B. 2723

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS. (a) SHORT TITLE.—This Act may be cited as the "Bipartisan Consensus Managed Care Improvement Act of 1999".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—IMPROVING MANAGED CARE Subtitle A-Grievances and Appeals

Sec. 101. Utilization review activities.

Sec. 102. Internal appeals procedures. Sec. 103. External appeals procedures. Sec. 104. Establishment of a grievance proc-

Subtitle B-Access to Care

Sec. 111. Consumer choice option.

ess.

Sec. 112. Choice of health care professional.

Sec. 113. Access to emergency care. Sec. 114. Access to specialty care.

Sec. 115. Access to obstetrical and gynecological care.

Sec. 116. Access to pediatric care. Sec. 117. Continuity of care.

Sec. 118. Access needed to prescription drugs.

Sec. 119. Coverage for individuals participating in approved clinical

Subtitle C-Access to Information Sec. 121. Patient access to information. Subtitle D—Protecting the Doctor-Patient Relationship

Sec. 131. Prohibition of interference with certain medical communica-

discrimination against providers based on licensure.

Sec. 133. Prohibition against improper incentive arrangements.

Sec. 134. Payment of claims.

Sec. 135. Protection for patient advocacy. Subtitle E-Definitions

Sec. 151. Definitions.

Sec. 152. Preemption; State flexibility; construction.

Sec. 153. Exclusions.

Sec. 154. Coverage of limited scope plans.

Sec. 155. Regulations.

TITLE II—APPLICATION OF QUALITY CARE STANDARDS TO GROUP HEALTH PLANS AND HEALTH INSURANCE COV-ERAGE UNDER THE PUBLIC HEALTH SERVICE ACT

Sec. 201. Application to group health plans and group health insurance cov-

Sec. 202. Application to individual health insurance coverage.

TITLE III—AMENDMENTS TO THE EM-PLOYEE RETIREMENT INCOME SECU-RITY ACT OF 1974

Sec. 301. Application of patient protection standards to group health plans and group health insurance coverage under the Employee Retirement Income Security Act of 1974.

Sec. 302. ERISA preemption not to apply to actions involving certain health insurance policyholders.

TITLE IV-APPLICATION TO GROUP HEALTH PLANS UNDER THE INTERNAL REVENUE CODE OF 1986

Sec. 401. Amendments to the Internal Revenue Code of 1986.

TITLE V—EFFECTIVE DATES: COORDINATION IN IMPLEMENTATION

Sec. 501. Effective dates.

Sec. 502. Coordination in implementation.

TITLE VI-HEALTH CARE PAPERWORK SIMPLIFICATION

Sec. 601. Health care paperwork simplification.

TITLE I—IMPROVING MANAGED CARE Subtitle A—Grievance and Appeals

SEC. 101. UTILIZATION REVIEW ACTIVITIES. (a) COMPLIANCE WITH REQUIREMENTS.—

(1) IN GENERAL.—A group health plan, and a health insurance issuer that provides health insurance coverage, shall conduct utilization review activities in connection with the provision of benefits under such plan or coverage only in accordance with a utilization review program that meets the requirements of this section.

(2) Use of outside agents.—Nothing in this section shall be construed as preventing a group health plan or health insurance issuer from arranging through a contract or otherwise for persons or entities to conduct utilization review activities on behalf of the plan or issuer, so long as such activities are conducted in accordance with a utilization review program that meets the requirements of this section.

(3) Utilization review defined.—For purposes of this section, the terms "utilization review" and "utilization review activities" mean procedures used to monitor or evaluate the use or coverage, clinical necessity, appropriateness, efficacy, or efficiency of health care services, procedures or settings, and includes prospective review, concurrent review, second opinions, case management, discharge planning, or retrospective review.